

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MCCAIN-PALIN VICTORY 2008

ADDRESS (number and street) 228 S. WASHINGTON STREET
SUITE 115
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00453738
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Lisa Lisker
Signature of Treasurer Electronically Filed by Lisa Lisker Date 04 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		7278573.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	7278573.42									
(c) Total Receipts (from Line 19)	59773.96	59773.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7338347.38	7338347.38								
7. Total Disbursements (from Line 31)	6512008.91	6512008.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	826338.47	826338.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	433581.32									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	-24010.00	-24010.00
(i) Itemized (use Schedule A)	2009.00	2009.00
(ii) Unitemized	-22001.00	-22001.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	100.00	100.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	-21901.00	-21901.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	81674.96	81674.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59773.96	59773.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59773.96	59773.96

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	407558.49	407558.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	407558.49	407558.49
22. Transfers to Affiliated/Other Party Committees.....	5994644.42	5994644.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	106241.00	106241.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	107241.00	107241.00
29. Other Disbursements.....	2565.00	2565.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6512008.91	6512008.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6512008.91	6512008.91

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	-21901.00	-21901.00
34. Total Contribution Refunds (from Line 28(d))	107241.00	107241.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-129142.00	-129142.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	407558.49	407558.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	81674.96	81674.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	325883.53	325883.53

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 6 / 73	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John McCain 2008			Nature of Debt (Purpose): Staff Time/Direct Mail & Email List Usag
Mailing Address PO BOX 16118			
City Arlington	State VA	ZIP Code 22215	

Outstanding Balance Beginning This Period		Transaction ID: SD10.1	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
433581.32	0.00	433581.32	

1) SUBTOTALS This Period This Page (optional).....	433581.32
2) TOTALS This Period (last page this line number only).....	433581.32
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	433581.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 73
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM H. BARLOW

Mailing Address 15939 ERIN CREEK COURT

City State Zip Code
HOUSTON TX 77062-4793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.2945430

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. NICHOLAS J. BOVE, JR.

Mailing Address 6100 MAIN STREET

City State Zip Code
TRUMBULL CT 06611-2438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DIVISION OF CRIMINAL JUSTICE SENIOR ASSISTANT STATE'S ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.2947564

Amount of Each Receipt this Period
-400.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. DANNER, JR.

Mailing Address 4602 OXFORD CIR

City State Zip Code
MACON GA 31210-3104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHWESTERN MUTUAL MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.2949924

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ► **-1200.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MRS. DENISE G. DUNBAR	Date of Receipt MM / DD / YYYY 01 / 13 / 2009
	Mailing Address 407 DUKE STREET	Transaction ID: SA11.2946964
	City State Zip Code ALEXANDRIA VA 22314-3735	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) MR. WILLIAM F. DUNBAR	Date of Receipt MM / DD / YYYY 01 / 13 / 2009
	Mailing Address 407 DUKE STREET	Transaction ID: SA11.2946966
	City State Zip Code ALEXANDRIA VA 22314-3735	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CORE CAPITAL INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MS. LAVERA GARCIA	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 1236 LAGUNA	Transaction ID: SA11.2947553
	City State Zip Code SANTA BARBARA CA 93101-1323	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MS. JOANNA KATRINA MCINTOSH	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 209 PRINCESS STREET	Transaction ID: SA11.2956697
	City State Zip Code ALEXANDRIA VA 22314-2231	Amount of Each Receipt this Period -1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation VERIZON ATTORNEY	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) HAIM REVAH	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 1501 RIO VISTA AVE	Transaction ID: SA11.2956692
	City State Zip Code LOS ANGELES CA 90023-2619	Amount of Each Receipt this Period -24300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation METROPOLITAN REAL ESTATE INVESTORS CHAIRMAN	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 24300.00	

C.	Full Name (Last, First, Middle Initial) MR. MAURICE B. ROWE, III	Date of Receipt MM / DD / YYYY 01 / 06 / 2009
	Mailing Address 4121 SOUTHAVEN ROAD	Transaction ID: SA11.2945429
	City State Zip Code RICHMOND VA 23235-1026	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	-25100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MR. GARY A. STURA	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 1717 LINCOLN AVE	Transaction ID: SA11.2956688
	City State Zip Code MOUNT DORA FL 32757-4110	Amount of Each Receipt this Period -500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HALLMARK PRESIDENT	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

B.	Full Name (Last, First, Middle Initial) MR. DONALD O. SUTTON	Date of Receipt MM / DD / YYYY 01 / 13 / 2009
	Mailing Address 2630 PORTOLA DRIVE SPACE 42	Transaction ID: SA11.2946967
	City State Zip Code SANTA CRUZ CA 95062-5061	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MS. MELVA WAHL	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 34696 SWANK DRIVE SE	Transaction ID: SA11.2945523
	City State Zip Code ALBANY OR 97322-9776	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STUDENT STUDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	-24010.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 73	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) THE COMMITTEE TO ELECT BRIAN P. GOLDEN		Date of Receipt
	Mailing Address 88 MANET ROAD		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEWTON	MA	02467-1120
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.2945426
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="100.00"/>
Receipt For:		Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="100.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008, INC.
Mailing Address PO BOX 16118

City State Zip Code
ARLINGTON VA 22215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Transaction ID: SA15.01
 Amount of Each Receipt this Period
486.22

B. Full Name (Last, First, Middle Initial)
MCCAIN-PALIN COMPLIANCE FUND INC.
Mailing Address PO BOX 16118

City State Zip Code
ARLINGTON VA 22215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
81188.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA15.002
 Amount of Each Receipt this Period
81188.74
 REIMBURSEMENT - PRINTING

SUBTOTAL of Receipts This Page (optional)	81674.96
TOTAL This Period (last page this line number only)	81674.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 13 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
MCCAIN PALIN COMPLIANCE FUND INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement REIMB-STAFF/PHONES/POSTAGE

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.17

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

242690.22

B. Full Name (Last, First, Middle Initial)
NICOLE CAROSELLA

Mailing Address 11422 OLDE TURNBURY CT.

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement JFC PRINTING

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.21

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

1142.66

C. Full Name (Last, First, Middle Initial)
PAIGE MARRIOTT

Mailing Address 5056 KILBURN ST.

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement JFC FUNDRAISING CONSULTING

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.26

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

249832.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) SUSAN NELSON	Transaction ID: SB.34 Date of Disbursement 01 / 07 / 2009
	Mailing Address 4217 RIVER ROAD, NW	Amount of Each Disbursement this Period 7229.14
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GENE POWELL	Transaction ID: SB.8 Date of Disbursement 02 / 24 / 2009
	Mailing Address 19 BITTERBLUE LANE, STE. 100	Amount of Each Disbursement this Period 320.31
	City SAN ANTONIO State TX Zip Code 78218	
	Purpose of Disbursement JFC EVENT CATERING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.1 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3321 W. SHADOWLAWN AVE.	Amount of Each Disbursement this Period 14315.53
	City ATLANTA State GA Zip Code 30305	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

21864.98

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL Mailing Address 2400 E Missouri Ave City Phoenix State AZ Zip Code 85016 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C05 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 45.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL Mailing Address 2400 E Missouri Ave City Phoenix State AZ Zip Code 85016 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C06 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 22.31 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL Mailing Address 2400 E Missouri Ave City Phoenix State AZ Zip Code 85016 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C07 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 132.68 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
ARIZONA BILTMORE HOTEL

Mailing Address 2400 E Missouri Ave

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C08
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

63.11

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ARIZONA BILTMORE HOTEL

Mailing Address 2400 E Missouri Ave

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C09
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ARIZONA BILTMORE HOTEL

Mailing Address 2400 E Missouri Ave

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C10
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
ARIZONA BILTMORE HOTEL

Mailing Address 2400 E Missouri Ave

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C11
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ARIZONA BILTMORE HOTEL

Mailing Address 2400 E Missouri Ave

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C12
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

112.45

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AVIS RENT A CAR

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.C14
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

32.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) BUCKHEAD SAFETY CAB COMPANY Mailing Address 703 Lakeshore Cir NE City Atlanta State GA Zip Code 30324 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.C16 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 47.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) CLARION HOTEL Mailing Address 320 Hillsborough Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.C25 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 398.68 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) CLARION HOTEL Mailing Address 320 Hillsborough Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.C26 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 84.60 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) COURTYARD HOTEL	Transaction ID: SB21B.C30 Date of Disbursement 01 / 05 / 2009
	Mailing Address 35 West Spring Street	Amount of Each Disbursement this Period 1470.28
	City Columbus State OH Zip Code	
	Purpose of Disbursement JFC TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) DELTA AIR LINES	Transaction ID: SB21B.C40 Date of Disbursement 01 / 05 / 2009
	Mailing Address 1030 Delta Blvd.	Amount of Each Disbursement this Period 317.00
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement JFC TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DISCOUNT CAB	Transaction ID: SB21B.C43 Date of Disbursement 01 / 05 / 2009
	Mailing Address 4600 W. Camelback Road	Amount of Each Disbursement this Period 30.50
	City Glendale State AZ Zip Code 85301	
	Purpose of Disbursement JFC TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) DOUBLETREE HOTEL	Transaction ID: SB21B.C48 Date of Disbursement 01 / 05 / 2009
	Mailing Address 640 W Germantown Pike	Amount of Each Disbursement this Period 182.52
	City Plymouth Meeting State PA Zip Code 19462	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB21B.C65 Date of Disbursement 01 / 05 / 2009
	Mailing Address 16475 East 40th Circle	Amount of Each Disbursement this Period 168.39
	City Aurora State CO Zip Code 80011	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) JODY MARONI'S RESTAURANT	Transaction ID: SB21B.C69 Date of Disbursement 01 / 05 / 2009
	Mailing Address 10701 Natural Bridge Rd	Amount of Each Disbursement this Period 3.48
	City St. Louis State MO Zip Code 63145	
	Purpose of Disbursement JFC MEALS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) NIK'S TRANSPORTATION</p> <p>Mailing Address 800 HINDRY AVENUE, UNIT A</p> <p>City Inglewood State CA Zip Code 90301</p> <p>Purpose of Disbursement JFC TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C73</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.00"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) SHERATON</p> <p>Mailing Address 421 S. Salisbury Street</p> <p>City Raleigh State NC Zip Code 27601</p> <p>Purpose of Disbursement JFC TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C89</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.52"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) SKY HARBOR AIRPORT RESTAURANT</p> <p>Mailing Address 3400 E Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code</p> <p>Purpose of Disbursement JFC MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C90</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="68.59"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C93 Date of Disbursement 01 / 05 / 2009
	Mailing Address 4610 S. 35th St.	Amount of Each Disbursement this Period 109.20
	City Phoenix State AZ Zip Code 85040	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C94 Date of Disbursement 01 / 05 / 2009
	Mailing Address 4610 S. 35th St.	Amount of Each Disbursement this Period 43.00
	City Phoenix State AZ Zip Code 85040	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C95 Date of Disbursement 01 / 05 / 2009
	Mailing Address 4610 S. 35th St.	Amount of Each Disbursement this Period 77.50
	City Phoenix State AZ Zip Code 85040	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL	Transaction ID: SB21B.C98 Date of Disbursement 01 / 05 / 2009
	Mailing Address 1620 E. Rental Car Way	Amount of Each Disbursement this Period 433.44
	City Phoenix State PA Zip Code	
	Purpose of Disbursement JFC TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C122 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 25.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C123 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 10.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C124 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 25.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C125 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 25.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C126 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 10.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C127 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 10.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C128 Date of Disbursement 01 / 05 / 2009
	Mailing Address 3 Apple House Road	Amount of Each Disbursement this Period 10.00
	City Lakeville State MA Zip Code 02347	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SB21B.C130 Date of Disbursement 01 / 05 / 2009
	Mailing Address 77 W. Wacker Dr.	Amount of Each Disbursement this Period 260.50
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) US AIRWAYS Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C141 Date of Disbursement 01 / 05 / 2009
	Amount of Each Disbursement this Period 559.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) US AIRWAYS Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C142 Date of Disbursement 01 / 05 / 2009
	Amount of Each Disbursement this Period 559.00 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) US AIRWAYS Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C143 Date of Disbursement 01 / 05 / 2009
	Amount of Each Disbursement this Period 335.50 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C144 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 202.50
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C145 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 150.00
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C146 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 44.00
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C147 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 44.00
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C148 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 17.00
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C149 Date of Disbursement 01 / 05 / 2009
	Mailing Address 111 W. Rio Salado Parkway	Amount of Each Disbursement this Period 40.00
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement JFC TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) WASHINGTON NATIONAL AIRPORT PARKING Mailing Address 1 Aviation Circle City Washington State DC Zip Code 20001 Purpose of Disbursement JFC TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.C150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 80.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT Mailing Address PO BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 273.11

C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT Mailing Address PO BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3.50

SUBTOTAL of Disbursements This Page (optional) ▶	276.61
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.4 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE.	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEES	<input type="text" value="61.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.5 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC DONOR LIST MAINTENANCE	<input type="text" value="3591.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.6 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement JFC DONOR LIST MAINTENANCE	<input type="text" value="137.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3790.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement JFC SHIPPING Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 38.32
B.	Full Name (Last, First, Middle Initial) GES EXPOSITION SERVICES, INC. Mailing Address 7050 LINDELL AVE. City LAS VEGAS State NV Zip Code 89118 Purpose of Disbursement JFC EVENT SIGNAGE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 650.00
C.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER INC. Mailing Address 228 S. WASHINGTON ST., STE. 115 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement JFC ACCOUNTING/COMPLIANCE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.10 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 8518.98

SUBTOTAL of Disbursements This Page (optional)	9207.30
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR.

City AKRON State OH Zip Code 44320

Purpose of Disbursement
JFC POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.11

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

26551.56

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR.

City AKRON State OH Zip Code 44320

Purpose of Disbursement
JFC POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.12

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

66109.26

C. Full Name (Last, First, Middle Initial)
JONATHAN DAY

Mailing Address 13081 TRIPLE CROWN LOOP

City GAINESVILLE State VA Zip Code 20155

Purpose of Disbursement
JFC PER DIEM-TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.14

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

440.00

SUBTOTAL of Disbursements This Page (optional) ▶

93100.82

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MCBEE Mailing Address PO BOX 88042 City CHICAGO State IL Zip Code 60680 Purpose of Disbursement JFC OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.15 Date of Disbursement 02 / 06 / 2009	Amount of Each Disbursement this Period 100.27
B.	Full Name (Last, First, Middle Initial) MCGLADREY & PULLEN Mailing Address 5155 PAYSHERE CIRCLE City CHICAGO State IL Zip Code 60674 Purpose of Disbursement JFC ACCOUNTING/COMPLIANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.18 Date of Disbursement 03 / 23 / 2009	Amount of Each Disbursement this Period 5475.00
C.	Full Name (Last, First, Middle Initial) NOVA Mailing Address 7300 CHAPMAN HWY. City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.22 Date of Disbursement 01 / 05 / 2009	Amount of Each Disbursement this Period 810.46

SUBTOTAL of Disbursements This Page (optional) ▶

6385.73

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.23 Date of Disbursement 02 / 03 / 2009
	Mailing Address 7300 CHAPMAN HWY.	Amount of Each Disbursement this Period 199.10
	City KNOXVILLE State TN Zip Code 37920	
	Purpose of Disbursement MERCHANT FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.24 Date of Disbursement 03 / 03 / 2009
	Mailing Address 7300 CHAPMAN HWY.	Amount of Each Disbursement this Period 50.00
	City KNOXVILLE State TN Zip Code 37920	
	Purpose of Disbursement MERCHANT FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRIMUS	Transaction ID: SB.27 Date of Disbursement 02 / 06 / 2009
	Mailing Address PO BOX 3246	Amount of Each Disbursement this Period 28.60
	City MILWAUKEE State WI Zip Code 53201	
	Purpose of Disbursement JFC TELEPHONE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	277.70
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) PRUES HECKER LLC	Transaction ID: SB.28
	Mailing Address 1315 HARVARD RD.	Date of Disbursement MM / DD / YYYY 02 / 06 / 2009
	City GROSSE POINTE State MI Zip Code 48230	Amount of Each Disbursement this Period 4280.75
	Purpose of Disbursement JFC TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RAGE UNLIMITED	Transaction ID: SB.29
	Mailing Address 1715 PEARL ST., STE. C	Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	City BOULDER State CO Zip Code 80302	Amount of Each Disbursement this Period 2390.00
	Purpose of Disbursement JFC EVENT SECURITY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REAL INFORMATION SYSTEMS	Transaction ID: SB.30
	Mailing Address ATTN: GAIL KROLICK	Date of Disbursement MM / DD / YYYY 02 / 06 / 2009
	City INCLINE VILLAGE State NV Zip Code 89452	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement JFC EVENT SET UP Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7670.75
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) REFLECTIONS PHOTOGRAPHY</p> <p>Mailing Address 631 PENNSYLVANIA AVE., SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement JFC EVENT PHOTOGRAPHY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB.31</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14301.50"/></p>
<p>B. Full Name (Last, First, Middle Initial) VINEYARD VINES</p> <p>Mailing Address 37 BROWN HOUSE RD.</p> <p>City STAMFORD State CT Zip Code 06902</p> <p>Purpose of Disbursement JFC BUTTONS/HATS/SHIRTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB.35</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="850.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) MCCAIN PALIN COMPLIANCE FUND INC.</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.16 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 815.40</p>
<p>B. Full Name (Last, First, Middle Initial) MICHIGAN REPUBLICAN PARTY</p> <p>Mailing Address 520 SEYMOUR AVE.</p> <p>City LANSING State MI Zip Code 48933</p> <p>Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.19 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 130091.51</p>
<p>C. Full Name (Last, First, Middle Initial) MISSOURI REPUBLICAN STATE COMMITTEE</p> <p>Mailing Address 204 EAST DUNKLIN</p> <p>City JEFFERSON CITY State MO Zip Code 65101</p> <p>Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.20 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 129870.43</p>

SUBTOTAL of Disbursements This Page (optional) ▶

260777.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) OHIO REPUBLICAN PARTY Mailing Address 211 S. FIFTH ST. City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.25 Date of Disbursement 01 / 08 / 2009 Amount of Each Disbursement this Period 130095.20
B.	Full Name (Last, First, Middle Initial) REPUBLICAN FEDERAL CMT. OF PENNSYLVANIA Mailing Address 717 NORTH SECOND ST. City HARRISBURG State PA Zip Code 17102 Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.32 Date of Disbursement 01 / 08 / 2009 Amount of Each Disbursement this Period 133842.02
C.	Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE Mailing Address 320 1ST ST., SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.33 Date of Disbursement 01 / 08 / 2009 Amount of Each Disbursement this Period 5469929.86

SUBTOTAL of Disbursements This Page (optional) ▶	5733867.08
TOTAL This Period (last page this line number only) ▶	5994644.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) FRANK J. ALBI	Transaction ID: SB28.2956663 Date of Disbursement 02 / 25 / 2009
	Mailing Address 7374 RIVERPOINT LANE	Amount of Each Disbursement this Period 50.00
	City CINCINNATI State OH Zip Code 45255-3926	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES R. ALLISON	Transaction ID: SB28.2956491 Date of Disbursement 02 / 25 / 2009
	Mailing Address 62 BLUEGRASS COVE	Amount of Each Disbursement this Period 500.00
	City JACKSON State TN Zip Code 38305-8524	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) E. THOMAS ARNOLD	Transaction ID: SB28.2956498 Date of Disbursement 02 / 25 / 2009
	Mailing Address 1254 HERSCHEL AVENUE	Amount of Each Disbursement this Period 100.00
	City CINCINNATI State OH Zip Code 45208-3011	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) LISA R. AVRETT	Transaction ID: SB28.2956666
	Mailing Address 109 ROYAL LAGOON COURT	Date of Disbursement 02 / 25 / 2009
	City PONTE VEDRA BEACH State FL Zip Code 32082-2148	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GARETT BACKMAN	Transaction ID: SB28.2956462
	Mailing Address 3060 PEACHTREE RD NW SUITE 210	Date of Disbursement 02 / 25 / 2009
	City ATLANTA State GA Zip Code 30305-2239	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RICHARD M. BAKER	Transaction ID: SB28.2956646
	Mailing Address 488 PICKLE ROAD	Date of Disbursement 02 / 25 / 2009
	City SHELBYVILLE State TN Zip Code 37160-6503	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) STEVEN J. BARBARINE Mailing Address 5199 VIA CALDERON City CAMARILLO State CA Zip Code 93012-6738 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956681 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 100.00
B.	Full Name (Last, First, Middle Initial) FRED W. BEANS Mailing Address 1100 AIRPORT BLVD. City DOYLESTOWN State PA Zip Code 18902-1050 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956674 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) MARTHA BOND BRANSON Mailing Address 238 JOYCLIFF CIRCLE City MACON State GA Zip Code 31211-7040 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956659 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
HOWARD A. BURDE

Transaction ID: SB28.2956461
Date of Disbursement

Mailing Address 126 E. DARTMOUTH ROAD

/ /

City State Zip Code
BALA CYNWYD PA 19004-2213

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GERRY BUTLER

Transaction ID: SB28.2956496
Date of Disbursement

Mailing Address 804 SOUTH PROSPECT AVENUE

/ /

City State Zip Code
PARK RIDGE IL 60068-4725

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ROBERT CAPRETTO

Transaction ID: SB28.2956675
Date of Disbursement

Mailing Address 927 HULTON ROAD

/ /

City State Zip Code
OAKMONT PA 15139-1346

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) LAWRENCE L. CARLI	Transaction ID: SB28.2956647 Date of Disbursement 02 / 25 / 2009
	Mailing Address 7210 GRANT LINE ROAD	Amount of Each Disbursement this Period 300.00
	City ELK GROVE State CA Zip Code 95624-9655	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALICIA A. CASANOVA	Transaction ID: SB28.2956679 Date of Disbursement 02 / 25 / 2009
	Mailing Address 4775 COLLINS AVENUE #1702	Amount of Each Disbursement this Period 100.00
	City MIAMI BEACH State FL Zip Code 33140-3265	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLES CHAFIN, JR., USAF	Transaction ID: SB28.2956495 Date of Disbursement 02 / 25 / 2009
	Mailing Address 802 NORTH RIO STREET	Amount of Each Disbursement this Period 5.00
	City FORT STOCKTON State TX Zip Code 79735-4823	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	405.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MICHAEL I. CHALIFF	Transaction ID: SB28.2956658 Date of Disbursement 02 / 25 / 2009
	Mailing Address 195 GROGANS LAKE POINT	Amount of Each Disbursement this Period 300.00
	City ATLANTA State GA Zip Code 30350-3118	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) YU MOON CHU	Transaction ID: SB28.2956649 Date of Disbursement 02 / 25 / 2009
	Mailing Address 9509 M. KINGSCROFT TERRACE	Amount of Each Disbursement this Period 20.00
	City PERRY HALL State MD Zip Code 21128-9805	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ALEXANDRIA CORONADO	Transaction ID: SB28.2956478 Date of Disbursement 02 / 25 / 2009
	Mailing Address 5315 YORKSHIRE DRIVE	Amount of Each Disbursement this Period 100.00
	City CYPRESS State CA Zip Code 90630-3732	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

420.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) PHILLIP R. COX <hr/> Mailing Address 105 E. 4TH STREET SUITE 600 <hr/> City CINCINNATI State OH Zip Code 45202-4015 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956662 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1200.00
B.	Full Name (Last, First, Middle Initial) ROBERT P. CROSBY <hr/> Mailing Address 67 HILTON AVENUE #B4 <hr/> City GARDEN CITY State NY Zip Code 11530-2812 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956483 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) CHARLES E. DAOUT <hr/> Mailing Address 513 DELTA COURT <hr/> City CHEASAPEAKE State VA Zip Code 23325-4411 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946996 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) PETER F. DARLING	Transaction ID: SB28.2956682 Date of Disbursement 02 / 25 / 2009
	Mailing Address 1520 BLACK FOREST DRIVE	Amount of Each Disbursement this Period 100.00
	City BRYSON CITY State NC Zip Code 28713-9204	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHELLE M. DEMARCO	Transaction ID: SB28.2956673 Date of Disbursement 02 / 25 / 2009
	Mailing Address 2414 W. FLORENTINE ROAD	Amount of Each Disbursement this Period 10.00
	City PHOENIX State AZ Zip Code 85086-6604	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VICKIE DILLOW	Transaction ID: SB28.2946990 Date of Disbursement 01 / 12 / 2009
	Mailing Address 7881 FAITH LN.	Amount of Each Disbursement this Period 50.00
	City WAXAHACHIE State TX Zip Code 75167-7299	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) SUSAN F. DRESSLER <hr/> Mailing Address 6999 OLD CHURCH ROAD <hr/> City GREEN COVE SPRINGS State FL Zip Code 32003-5002 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956485 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) PATRICK DWYER <hr/> Mailing Address P. O. BOX 69 <hr/> City KENNEY State TX Zip Code 77452-0069 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956490 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 50.00
C. Full Name (Last, First, Middle Initial) PATRICIA ESCHTRUTH <hr/> Mailing Address 1331 MAIN STREET <hr/> City SNOVER State MI Zip Code 48472-9355 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956489 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional) ▶

570.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) CHARLIE FRASHER	Transaction ID: SB28.2946999 Date of Disbursement 01 / 12 / 2009	
	Mailing Address 1036 MEADOWBROOK LANE		
	City LOUISA State KY Zip Code 41230-9657	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) PAMELA T. FREEMAN	Transaction ID: SB28.2956644 Date of Disbursement 02 / 25 / 2009	
	Mailing Address 208 WEST MOCKINGBIRD		
	City SHERIDAN State AR Zip Code 72150-7613	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) JON F. FREEZE	Transaction ID: SB28.2956651 Date of Disbursement 02 / 25 / 2009	
	Mailing Address P.O. BOX 833		
	City DAVENPORT State WA Zip Code 99122-0833	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement CONTRIBUTION REFUND		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) ERIC R. GREFFENIUS	Transaction ID: SB28.2956676 Date of Disbursement 02 / 25 / 2009
	Mailing Address 337 CENTRAL STREET RIGHT	Amount of Each Disbursement this Period 20.00
	City AUBURNDALE State MA Zip Code 02466-2228	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DIANE GROTE	Transaction ID: SB28.2956471 Date of Disbursement 02 / 25 / 2009
	Mailing Address P.O.BOX 1105	Amount of Each Disbursement this Period 100.00
	City SHERMAN State TX Zip Code 75091-1105	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) YOSEPH HAILE	Transaction ID: SB28.2946995 Date of Disbursement 01 / 12 / 2009
	Mailing Address 8206 STREAMSIDE PL APT 202	Amount of Each Disbursement this Period 1000.00
	City GAITHERSBURG State MD Zip Code 20879-5249	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) HOWARD I. HALPERN <hr/> Mailing Address 997 DAVIS DRIVE <hr/> City ATLANTA State GA Zip Code 30327-4533 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) PATRICIA HOLT <hr/> Mailing Address 45409 ADDINGTON LANE <hr/> City NOVI State MI Zip Code 48374-3764 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946994 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
C. Full Name (Last, First, Middle Initial) WILLIAM HOVIS <hr/> Mailing Address 501 19TH STREET TRUSTEES TOWER SUITE 702 <hr/> City KNOXVILLE State TN Zip Code 37916-1854 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946992 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2600.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) WILLIAM HOVIS	Transaction ID: SB28.2946993 Date of Disbursement 01 / 12 / 2009
	Mailing Address 501 19TH STREET TRUSTEES TOWER SUITE 702	Amount of Each Disbursement this Period 500.00
	City KNOXVILLE State TN Zip Code 37916-1854	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELIZABETH B. HUNTLEY	Transaction ID: SB28.2956472 Date of Disbursement 02 / 25 / 2009
	Mailing Address 4568 ORTEGA BLVD.	Amount of Each Disbursement this Period 1500.00
	City JACKSONVILLE State FL Zip Code 32210-6043	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VALERIE IACOVANGELO	Transaction ID: SB28.2946991 Date of Disbursement 01 / 12 / 2009
	Mailing Address 1717 DORWALDT BLVD.	Amount of Each Disbursement this Period 25.00
	City NISKAYUNA State NY Zip Code 12309-5113	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2025.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) JEFFREY D. JENKINS	Transaction ID: SB28.2956479 Date of Disbursement 02 / 25 / 2009
	Mailing Address 823 BASS LANDING PLAGE	
	City GREENSBORO State NC Zip Code 27455-3440	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SAMUEL JOHNSON	Transaction ID: SB28.2946986 Date of Disbursement 01 / 12 / 2009
	Mailing Address 1192 E DRAPER PKWY #431	
	City DRAPER State UT Zip Code 84020-9356	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEE O. JONES	Transaction ID: SB28.2956655 Date of Disbursement 02 / 25 / 2009
	Mailing Address W141 N4861 GOLDEN FIELD COURT	
	City MENOMONEE FALLS State WI Zip Code 53051	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) JULIE JUNGWIRTH	Transaction ID: SB28.2956487
	Mailing Address 2554 LINCOLN BLVD. P.M.B. 222	Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	City MARINA DEL REY State CA Zip Code 90291-5082	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MITCHELL KEITER	Transaction ID: SB28.2956661
	Mailing Address 17621 IRVINE BLVD.	Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	City TUSTIN State CA Zip Code 92780-3114	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOSEPH F. KENAVAN	Transaction ID: SB28.2956653
	Mailing Address PO BOX 187	Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	City COLD SPRING HARBOR State NY Zip Code 11724-0187	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) DAWN KOBORST	Transaction ID: SB28.2956660 Date of Disbursement 02 / 25 / 2009
	Mailing Address 7718 STONEHILL DRIVE	Amount of Each Disbursement this Period 100.00
	City CINCINNATI State OH Zip Code 45255-2450	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GERARD LAROCCA	Transaction ID: SB28.2956686 Date of Disbursement 02 / 24 / 2009
	Mailing Address 264 LIBERTY CORNER ROAD	Amount of Each Disbursement this Period 1500.00
	City FAR HILLS State NJ Zip Code 07931-2567	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALTER M. LEE	Transaction ID: SB28.2956484 Date of Disbursement 02 / 25 / 2009
	Mailing Address 12351 GLEN KERNAN PARKWAY N.	Amount of Each Disbursement this Period 500.00
	City JACKSONVILLE State FL Zip Code 32224-5625	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) FRANK LEITZ Mailing Address 74 HILLSIDE AVENUE City GLEN ROCK State NJ Zip Code 07452-2529 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956665 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) NANCY S. LONG Mailing Address 2600 PANORAMA DRIVE #303 City SIGNAL HILL State CA Zip Code 90755-3815 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956481 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 1300.00
C.	Full Name (Last, First, Middle Initial) PATRICIA R. LUMRY Mailing Address 8580 HUNTS POINT LANE City BELLEVUE State WA Zip Code 98004-1101 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956460 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 34700.00

SUBTOTAL of Disbursements This Page (optional)		36025.00
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) S. E. MACLIN <hr/> Mailing Address 202 ROSEMARY <hr/> City SAN ANTONIO State TX Zip Code 78209-3843 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956474 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KAREN M. MAROTTA <hr/> Mailing Address 12 SHERIDAN ROAD <hr/> City ANDOVER State MA Zip Code 01810-5110 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956677 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN MARTIN <hr/> Mailing Address 5200 SOUTH ULSTER STREET #1616 <hr/> City GREENWOOD VILLAGE State CO Zip Code 80111-2866 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946989 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3525.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) ANNE MCFAUL	Transaction ID: SB28.2956494 Date of Disbursement 02 / 25 / 2009
	Mailing Address 3026 SHEPPERD RD	Amount of Each Disbursement this Period 200.00
	City MONKTON State MD Zip Code 21111-1302	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL B. MCGOWAN	Transaction ID: SB28.2956475 Date of Disbursement 02 / 25 / 2009
	Mailing Address 7205 FLEETWOOD DRIVE	Amount of Each Disbursement this Period 1000.00
	City EDINA State MN Zip Code 55439-1811	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMANDA MCKINLEY	Transaction ID: SB28.2956473 Date of Disbursement 02 / 25 / 2009
	Mailing Address 4140 N. CENTRAL AVENUE APARTMENT 1057	Amount of Each Disbursement this Period 100.00
	City PHOENIX State AZ Zip Code 85012-1863	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) SYLVIA MEINCKE <hr/> Mailing Address 1146 GEORGE ANDERSON STREET <hr/> City ORMOND BEACH State FL Zip Code 32174-3300 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956488 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
B. Full Name (Last, First, Middle Initial) P. JONATHAN MEYER <hr/> Mailing Address 85 STANBERRY AVENUE <hr/> City BEXLEY State OH Zip Code 43209-1465 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956492 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) BILLYE S. MILLER <hr/> Mailing Address 603 TERRACE PLACE <hr/> City NORMAN State OK Zip Code 73069-5036 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956680 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) ▶

2620.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) KAMBIZ A. PEZESHKI</p> <p>Mailing Address 6318 HEUGHS CANYON DRIVE</p> <p>City SALT LAKE CITY State UT Zip Code 84121-6360</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956648</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) LICA PINKSTON</p> <p>Mailing Address P.O. BOX 1277</p> <p>City ALICE State TX Zip Code 78333-1277</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956467</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) VAN B. POOLE</p> <p>Mailing Address 106 EAST COLLETE AVENUE SUITE 1100</p> <p>City TALLAHASSEE State FL Zip Code 32301-7747</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956482</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2811.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
JOHN W. PUGH

Transaction ID: SB28.2956668
Date of Disbursement

Mailing Address P.O. BOX 1750

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

City DELAND State FL Zip Code 32721-1750

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SILVINO NEGRIN QUIGNON

Transaction ID: SB28.2956669
Date of Disbursement

Mailing Address FAIRVIEW J10 CALLE 15

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

City SAN JUAN State PR Zip Code 00926

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
HARMON QUINT

Transaction ID: SB28.2956477
Date of Disbursement

Mailing Address 5274 NEW COLUMBIA ROAD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

City METROPOLIS State IL Zip Code 62960-3413

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) JAMES M. SLAUSON</p> <p>Mailing Address 1440 STONEFIELD COURT</p> <p>City WAUKESHA State WI Zip Code 53186-1427</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956654 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) DIANE SMITH</p> <p>Mailing Address 323 RAIL ROAD AVENUE</p> <p>City GREENWICH State CT Zip Code 06830-6779</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956465 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) LAURA J. SMITH</p> <p>Mailing Address 866 35TH AVENUE NORTH</p> <p>City SAINT PETERSBURG State FL Zip Code 33704-1240</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956684 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3600.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) GERALD R. SPRING	Transaction ID: SB28.2956645 Date of Disbursement 02 / 25 / 2009
	Mailing Address 3067 OLDTOWN VALLEY ROAD	Amount of Each Disbursement this Period 30.00
	City NEW PHILADELPHIA State OH Zip Code 44663-7840	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REBECCA E. STEIN	Transaction ID: SB28.2956486 Date of Disbursement 02 / 25 / 2009
	Mailing Address 3636 RICHMOND STREET	Amount of Each Disbursement this Period 2300.00
	City JACKSONVILLE State FL Zip Code 32205-9424	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BETTE F. STORTZ	Transaction ID: SB28.2956664 Date of Disbursement 02 / 25 / 2009
	Mailing Address 136 RIDGEWOOD PLACE	Amount of Each Disbursement this Period 50.00
	City FORT THOMAS State KY Zip Code 41075-1645	
	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2380.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) MARGIE STROM	Transaction ID: SB28.2956656
	Mailing Address 5815 KIT LANE NORTH	Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	City BILLINGS State MT Zip Code 59106-2208	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VICKIE THORNTON	Transaction ID: SB28.2946988
	Mailing Address 2275 E CHEMISE DR	Date of Disbursement MM / DD / YYYY 01 / 12 / 2009
	City MERIDIAN State ID Zip Code 83646-1574	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROSE A. UPHUS	Transaction ID: SB28.2956469
	Mailing Address 39936 PRIMROSE LANE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	City SAUK CENTRE State MN Zip Code 56378-8454	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

125.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
JOHN N. VACCA

Transaction ID: SB28.2956672
Date of Disbursement

Mailing Address 2414 W. FLORENTINE ROAD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	9	

City State Zip Code
PHOENIX AZ 85086-6604

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GEORGE M. VETTER

Transaction ID: SB28.2956463
Date of Disbursement

Mailing Address 17 STONE TOWER LANE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	9	

City State Zip Code
BARRINGTON RI 02806-4913

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
LARS S. WAKEMAN

Transaction ID: SB28.2956670
Date of Disbursement

Mailing Address 220 URANGAS

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	9	

City State Zip Code
VEGUITA NM 87062-9799

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

615.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) VIRGINIA WALKER <hr/> Mailing Address 1551 SHORELANDS DR E <hr/> City VERO BEACH State FL Zip Code 32963-2648 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946998 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 100.00
B.	Full Name (Last, First, Middle Initial) NORMAN F. WATTS <hr/> Mailing Address P.O. BOX 144 <hr/> City WALLINGFORD State PA Zip Code 19086-0144 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956493 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) ROBERT CHIP WILKINS <hr/> Mailing Address 7924 LASLEY FOREST ROAD <hr/> City LEWISVILLE State NC Zip Code 27023-8244 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956480 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7100.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

<p>A. Full Name (Last, First, Middle Initial) HUGH M. WURMLE</p> <p>Mailing Address 600 PARK LANE APARTMENT 167</p> <p>City WATERLOO State IA Zip Code 50702-5275</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956466</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p>B. Full Name (Last, First, Middle Initial) W. RONALD YOUNGBERG</p> <p>Mailing Address 2050 COMBE ROAD</p> <p>City OGDEN State UT Zip Code 84403-5035</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956652</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRITZ ZEISER</p> <p>Mailing Address 2337 VIA RIVERA</p> <p>City PALOS VERDES ESTAT State CA Zip Code 90274-2725</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28.2956650</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

120.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
THOMAS FLAIG LLC

Transaction ID: SB28.2956685
Date of Disbursement

Mailing Address 107 MEADOW WOODS LANE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

City State Zip Code
EATONTON GA 31024-5669

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

106241.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
GREENE COUNTY REPUBLICAN PARTY

Transaction ID: SB28.2956671
Date of Disbursement

Mailing Address P.O. BOX 249

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

City NEELY State MS Zip Code 39461-0249

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
INTREPID FALLEN HEROES FUND (TBI CENTER)

Transaction ID: SB.13

Date of Disbursement

Mailing Address ONE INTREPID SQUARE

^M 0	^M 2	/	^D 1	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 9
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City NEW YORK State NY Zip Code 10036

Amount of Each Disbursement this Period

2565.00

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Donation represents funds
disbursed from donors related to The Stanford Group.
See F99 for details.

SUBTOTAL of Disbursements This Page (optional) ►

2565.00

TOTAL This Period (last page this line number only) ►

2565.00
